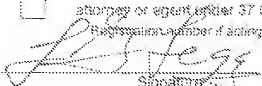


| | | | |
|---|----------------------------------|--|-------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4018).) | | Docket Number (Optional) 82413-US2 | |
| Application Number 09/R45235-Conf. #3487 | | Filed April 24, 2005 | |
| For Apparatus and method for color image fusion | | | |
| Art Unit 2624 | | Examiner C. M. Larose | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$120 | \$ 120.00 |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1020 | \$610 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1690 | \$795 |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number <u>90-0281</u> . I have enclosed a duplicate copy of this sheet. | | | |
| I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input checked="" type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>34,208</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <input type="checkbox"/> Registration Number if acting under 37 CFR 1.34 _____ | | | |
|  _____ L. George Legg Typed or printed name | | _____ August 7, 2005 Date _____ (202) 404-1553 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representatives are required. Submit multiple forms if more than one signature is required. See below. | | | |
| <input type="checkbox"/> Total of _____ forms are submitted. | | | |